

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Oklahoma		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Craig County Hospital Authority		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 73-1430157		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 735 North Foreman Vinita, OK <div style="text-align: right; margin-top: 5px;">ZIP Code 74301</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Craig		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) County Hospital Trust	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

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Page 2

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Craig County Hospital Authority**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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Page 3

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Craig County Hospital Authority**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Mark A. Craige
Signature of Attorney for Debtor(s)

Mark A. Craige

Printed Name of Attorney for Debtor(s)

Crowe & Dunlevy, Attorneys at Law

Firm Name

**500 Kennedy Building
321 South Boston Avenue
Tulsa, OK 74103-3313**

Address

918.592.9800 Fax: 918.592.9801

Telephone Number

February 25, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Steven Chase
Signature of Authorized Individual

Steven Chase

Printed Name of Authorized Individual

CEO

Title of Authorized Individual

February 25, 2015

Date

United States Bankruptcy Court
Northern District of Oklahoma

In re **Craig County Hospital Authority**

Debtor(s)

Case No.

Chapter

9

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Steven Chase**, declare under penalty of perjury that I am the **CEO** of the **Craig County Hospital Authority**, an Oklahoma Public Trust (the "Trust") and that the following is a true and correct copy of the resolutions adopted by the Board of Trustees of the Trust at a special meeting duly called and held on the 6th day of November, 2014.

"Whereas, it is in the best interest of this Trust to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 9 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Steven Chase, CEO** of the business operated by this Trust, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 9 voluntary bankruptcy case on behalf of the Trust; and

Be It Further Resolved, that **Steven Chase, CEO** of this Trust is authorized and directed to appear in all bankruptcy proceedings on behalf of the Trust, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Trust in connection with such bankruptcy case, and

Be It Further Resolved, that **Steven Chase, CEO** of the business operated by this Trust is authorized and directed to employ **Mark A. Craige**, attorney and the law firm of **Crowe & Dunlevy, Attorneys at Law** to represent the Trust in such bankruptcy case."

Date

11/20/14

Signed


Steven Chase

Resolution of Board of Trustees
of
Craig County Hospital Authority

The undersigned being all of the duly appointed Trustees of the Board of the Craig County Hospital Authority, an Oklahoma Public Trust (the "Trust") do hereby resolve as follows:

Whereas, it is in the best interest of the Trust to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 9 of Title 11 of the United States Code;

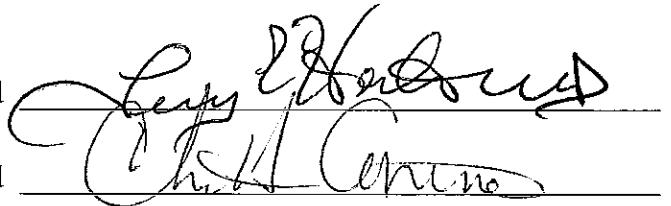
Be It Therefore Resolved, that Steven Chase, CEO of this Trust, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 9 voluntary bankruptcy case on behalf of the Trust; and

Be It Further Resolved, that Steven Chase, CEO of this Trust is authorized and directed to appear in all bankruptcy proceedings on behalf of the Trust, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Trust in connection with such bankruptcy case, and

Be It Further Resolved, that Steven Chase, CEO of this Trust is authorized and directed to employ Mark A. Craige, attorney and the law firm of Crowe & Dunlevy, Attorneys at Law to represent the Trust in such bankruptcy case.


Date 11/20/14

Signed



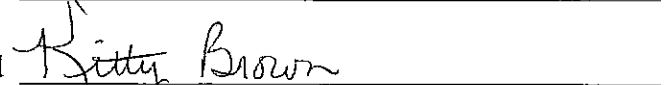
Date 11-20-14

Signed



Date 11-20-14

Signed



Date 11-20-14

Signed



Date 11-20-14

Signed



Date 11/20/14

Signed



Date 11-20-14

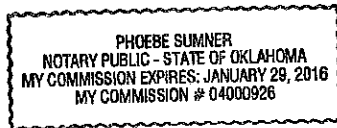
Signed



Certificate

Phoebe Sumner, being the duly appointed and acting Secretary of Craig County Hospital Authority, hereby certifies that the Board of Trustees of Craig County Hospital Authority adopted the resolutions set forth above effective on November 6, 2014, and that such resolutions have not been amended or repealed and remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand as of the 20th day of November, 2014.



Craig County Hospital Authority
Phoebe Sumner, Secretary

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Northern District of Oklahoma

In re **Craig County Hospital Authority**

Debtor(s)

Case No.

Chapter

9

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
AMERICAN RED CROSS: P.O. BOX 730040 DALLAS, TX 75373-0040	AMERICAN RED CROSS: P.O. BOX 730040 DALLAS, TX 75373-0040	Product or Services		20,551.22
AMERISOURCEBERGEN 10 22103 NETWORK PLACE CHICAGO, IL 60673-1275	AMERISOURCEBERGEN 10 22103 NETWORK PLACE CHICAGO, IL 60673-1275	Product or Services		33,391.55
ARTHREX PO BOX 403511 ATLANTA, GA 30384-3511	ARTHREX PO BOX 403511 ATLANTA, GA 30384-3511	Product or Services		29,889.12
BASIC MRI MEDICAL SY 1410 RACHAEL LANE WATERLOO, IL 62298	BASIC MRI MEDICAL SY 1410 RACHAEL LANE WATERLOO, IL 62298	Product or Services		20,606.00
BEN E. KEITH CO. P.O. BOX 8170 FORT WORTH, TX 76101	BEN E. KEITH CO. P.O. BOX 8170 FORT WORTH, TX 76101	Product or Services		13,684.42
BRACCO DIAGNOSTICS I 259 PROSPECT PLAINS RD BUILDING H CHARLOTTE, NC 28290-2411	BRACCO DIAGNOSTICS I 259 PROSPECT PLAINS RD BUILDING H CHARLOTTE, NC 28290-2411	Product or Services		20,204.88
LABORATORY SUPPLY CO P.O. BOX 9289 DALLAS, TX 75267	LABORATORY SUPPLY CO P.O. BOX 9289 DALLAS, TX 75267	Product or Services		31,610.37
LOGAN & LOWRY, LLP P.O. BOX 558 VINITA, OK 74301	LOGAN & LOWRY, LLP P.O. BOX 558 VINITA, OK 74301	Product or Services		18,971.41
MCINTOSH SERVICES, I PO BOX 472208 TULSA, OK 74147-2208	MCINTOSH SERVICES, I PO BOX 472208 TULSA, OK 74147-2208	Product or Services		273,617.93
MEDHOST OF TENNESSEE 2739 MOMENTON PLACE CHICAGO, IL 60689-5327	MEDHOST OF TENNESSEE 2739 MOMENTON PLACE CHICAGO, IL 60689-5327	Product or Services		73,691.06
NEO ORTHOPEDICS & RE 1505 E STEVE OWENS BLVD MIAMI, OK 74355-0168	NEO ORTHOPEDICS & RE 1505 E STEVE OWENS BLVD MIAMI, OK 74355-0168	Product or Services		174,226.06

B4 (Official Form 4) (12/07) - Cont.

In re **Craig County Hospital Authority**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
OKLAHOMA HOSPITAL AS DEPT. #96-0298 OKLAHOMA CITY, OK 73196-0298	OKLAHOMA HOSPITAL AS DEPT. #96-0298 OKLAHOMA CITY, OK 73196-0298	Product or Services		23,705.00
OLYMPUS FINANCIAL SE P.O. BOX 200183 PITTSBURGH, PA 15251-0183	OLYMPUS FINANCIAL SE P.O. BOX 200183 PITTSBURGH, PA 15251-0183	Product or Services		14,794.35
OWENS & MINOR 425160 PO BOX 841420 DALLAS, TX 75284-1420	OWENS & MINOR 425160 PO BOX 841420 DALLAS, TX 75284-1420	Product or Services		25,727.76
REGIONAL MEDICAL LAB ATTN: BUSINESS OFFICE 1923 SOUTH UTICA TULSA, OK 74145	REGIONAL MEDICAL LAB ATTN: BUSINESS OFFICE 1923 SOUTH UTICA TULSA, OK 74145	Product or Services		87,765.25
RESPIRONICS P.O. BOX 640817 ATLANTA, GA 30384-5740	RESPIRONICS P.O. BOX 640817 ATLANTA, GA 30384-5740	Product or Services		15,066.93
SAINT FRANCIS HOSPIT SLEEP DISORDERS 6600 S. YALE AVE., SUTIE TULSA, OK 74136	SAINT FRANCIS HOSPIT SLEEP DISORDERS 6600 S. YALE AVE., SUTIE TULSA, OK 74136	Product or Services		15,150.00
TAG CONSULTING 3541 CHAIN BRIDGE ROAD, SUITE 106 FAIRFAX, VA 22030	TAG CONSULTING 3541 CHAIN BRIDGE ROAD, SUITE 106 FAIRFAX, VA 22030	Product or Services		13,043.87
TOSHIBA AMERICA Medical POB 91605 CHICAGO, IL 60693	TOSHIBA AMERICA Medical POB 91605 CHICAGO, IL 60693	Product or Services		25,893.21
WERFEN USA, LLC PO BOX 347934 PITTSBURG, PA 15251-4934	WERFEN USA, LLC PO BOX 347934 PITTSBURG, PA 15251-4934	Product or Services		29,571.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO of the County Hospital Trust named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **February 25, 2015**Signature **/s/ Steven Chase**

Steven Chase
CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Revised 02/2012

**United States Bankruptcy Court
Northern District of Oklahoma**

In re **Craig County Hospital Authority**

Debtor(s)

Case No.

Chapter

9

VERIFICATION AS TO OFFICIAL CREDITOR LIST

☒ Original
☐ Amendment
☐ Add ☐ Delete

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on the Creditor List Submission application, or uploaded to the Electronic Case Filing System is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

If this filing is an amendment to the creditor list, indicate only the number of creditors being added or to be deleted at this time. (For verification purposes, attach a list of the creditors being submitted, uploaded, or to be deleted.)

677 # of Creditors (or if amended, # of creditors added)

Method of submission:

- a) X uploaded to Electronic Case Filing System; or
 b) _____ Creditor List Submission application (to be used by Pro Se filers, found on the Court's website at www.oknb.uscourts.gov, or available in the Clerk's Office)

_____ # of Creditors (on attached list) to be deleted

/s/ Steven Chase

Debtor Signature

Address:(if not represented by an attorney)

Phone:(if not represented by an attorney)

Joint Debtor Signature

Address:(if not represented by an attorney)

Phone:(if not represented by an attorney)

/s/ Mark A. Craige

Attorney Signature

Mark A. Craige

Crowe & Dunlevy, Attorneys at Law

500 Kennedy Building

Tulsa, OK 74103-3313

918.592.9800

918.592.9801

Date: **February 25, 2015**

[Check if applicable]

____ Creditors with foreign addresses included

3M COMPANY
2807 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0028

406 FISHER HEALTHCARE
ACCT# 520503-001
P.O. BOX 404705
ATLANTA, GA 30384-4705

A & D SUPPLY CO
P.O. BOX 690475
OKLAHOMA CITY, OK 73108

A G INDUSTRIES
P.O. BOX 270099
ST. LOUIS, MO 63122

Abbott Diabetes Care Sales Corp.
Contracts & Pricing
1420 Harbor Bay Parkway
Alameda, CA 94502

ABBOTT LABORATORIES
P.O. BOX 92679
CHICAGO, IL 60675-2679

Abbott Laboratories Inc.
Dept CCMT, CP1-4
100 Abbott Park Road
Abbott Park, IL 60064

Abbott Point of Care
400 College Road East
Princeton, NJ 08540

ACE TOWN & COUNTRY
601 E ILLINOIS
VINITA, OK 74301

ACTION GRAPHICS PRIN
3520 27TH AVE. NE
MIAMI, OK 74354

ADAMS, LINDA K
P O BOX 36
VINITA, OK 74301

Adult Gastroenterology Associates, Inc.
6465 S. Yale Ave.
Suite 1002
Tulsa, OK 74136

ADVANCE BOILER REPAI
36168 W HWY 51
MANNFORD, OK 74044

ADVANTAGE MEDICAL CA
10630 WILES RD
CORAL SPRI, FL 33076

AeroFS
635 High Street
Palo Alta, CA 94301

AETNA - Commercial
Provider Contract Management Network Operations -
2777 Stemmons Freeway, #400
Dallas, TX 75207

AHS OKLAHOMA HEART L
ATTN: BECK MULLINS
9228 S. MINGO RD. STE. 20
TULSA, OK 74133

AHS Oklahoma Heart, LLC
1265 S. Utica
Suite 300
Tulsa, OK 74104

AIR PRODUCTS & CHEMI
DEPT CH10200
ATLANTA, GA 31193-5430

Air Products and Chemicals, Inc.
7201 Hamilton Boulevard
Allentown, PA 18195

ALBERTY, VERNA M
412 N. 2ND STREET
VINITA, OK 74301

ALIMED INC
P.O. BOX 9135
DEDHAM, MA 02027-9135

ALL AMERICAN OUTDOOR
P.O. BOX 3984
SPRINGFIELD, MO 65808-3984

ALLEN SIGN STUDIO
307 EAST CENTRAL
MIAMI, OK 74354

ALLEN, DONNA A
235 SOUTH 4TH STREET
VINITA, OK 74301

ALLERGAN USA, INC
12975 COLLECTIONS CENTER
CHICAGO, IL 60693-0129

Alliant Insurance Services Houston LLC
110 West 7th Street
Suite 1220
Houston, TX 77057

ALMAND, KYLEE J
815 W CANADIAN
VINITA, OK 74301

AlterG Headquarters
48438 Milmont Drive
Fremont, CA 94538

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MIAMI, OK 74354

SYSCO OKLAHOMA
1350 W. TECUMSEH ROAD
NORMAN, OK 73070-1127

T-SYSTEM, INC.
P.O. BOX 676121
DALLAS, TX 75312-2537

TAG CONSULTING
3541 CHAIN BRIDGE ROAD,
SUITE 106
FAIRFAX, VA 22030

TALK TOOLS, LLC
2209 MECHANIC STREET
CHARLESTON, SC 29405

TATUM, LAUREN
2500 FREDERICK RD APT 716
CLAREMORE, OK 74019

Terarecon, Inc.
400 East Third Avenue
Suite 200
Foster City, CA 94404

TERRY HORTON, M.D.
440688 E. 310 RD
VINITA, OK 74301

Tetra Financial Group
6995 Union Park Center
Suite 400
Cottonwood Heights, UT 84047

TFG-Oklahoma, L.P.
6995 Union Park Center
Suite 400
Sal Lake City, UT 84047

THE AMERICAN
P.O. BOX 339
FAIRLAND, OK 74343

The American National Red Cross, Southwe
10151 East 11th Street
Tulsa, OK

THE DAILY TIMES
P.O. BOX 308
PRYOR, OK 74362

THE GROVE SUN & DELA
27 W. 3RD ST.
STE. A
GROVE, OK 74344

THE MED GROUP
DEPT CH 17706
ATLANTA, GA 31193-1830

THE STANDARD REGISTE
P.O. BOX 840655
DALLAS, TX 75284-0655

THERACOM
P. O. BOX 640105
CINCINNATI, OH 45264-0105

THEYS, JANIE A
P.O. BOX 87
VINITA, OK 74301

THOMAS, DENISE M
57477 E 240 RD
AFTON, OK 74331

THOMAS, SANDRA I
36187 S. 575 ROAD
JAY, OK 74346

THOMAS, SANDY M
24009 S 560 ROAD
FAIRLAND, OK 74343

TINT 'N MORE
300 N MAIN ST
MIAMI, OK 74354

TIPTON, SHANNON R
PO BOX 62
WELCH, OK 74369

TOSH, MATTHEW V
49250 E 150 ROAD
BLUEJACKET, OK 74333

TOSHIBA AMERICA Medical
POB 91605
CHICAGO, IL 60693

TOTAL MAILING SOLUTI
P.O. BOX 2565
FLEMINGTON, NJ
FLEMINGTON, NJ 08822

TOTALFUNDS BY HASLER
PO BOX 30193
TAMPA, FL 33630-3193

TOUCHTONE COMMUNICAT
P.O. BOX 27772
NEWARK, NJ 07101-7772

TRI-ANIM HEALTH SERV
25197 NETWORK PLACE
CHICAGO, ILL. 60673-1251
CHICAGO, IL 60673-1251

Tulsa Adjustment Bureau, Inc.
1754 Utica Square
Suite 283
Tulsa, OK 74114

TULSA WORLD
P.O. BOX 1770
TULSA, OK 74102-1770

TUNE, SARAH M
433083 E 290 RD
VINITA, OK 74301

TURNBOUGH, TINA M
PO BOX 62
VINITA, OK 74301

U.S. FOODSERVICE, IN
P.O. BO 14698
DALLAS, TX 75397-3118

UHC - Commercial (United Healthcare)
P.O. Box 30551
Salt Lake City, UT 84130

UNDERWOOD, SHERRI R
440134 E 335 ROAD
BIG CABIN, OK 74332

Varilease Finance, Inc.
6340 South 3000 East
Suite 400
Salt Lake City, UT 84121

VAUGHN, KOLBY J
1 NORTH OHIO STREET
OSWEGO, OK 67356

VERATHON, INC
P.O. BOX 935117
ATLANTA, GA 31193-5117

VINITA AG BOOSTERS
801 NORTH ADAIR
VINITA, OK 74301

VINITA DAILY JOURNAL
P.O. BOX 328
VINITA, OK 74301

Vinita Public Schools/Special Services
114 South Scraper
Vinita, OK 74301

VINITA ROTARY CLUB
P.O. BOX 15
VINITA, OK 74301

VISUAL INSTRUMENT PR
3378 W. STATE HWY O
SPRINGFIELD, MO 65803

VITAL SIGNS, INC.
P.O. BOX 402431
ATLANTA, GA 30384-2431

VOSSLER, TINA S
27103 HWY 125 S
AFTON, OK 74331

WALKER, ARVADA J
434209 E 289 ROAD
VINITA, OK 74301

WALTON-DEKNIGHT, DAW
53551 E 260 ROAD UNIT 13
AFTON, OK 74331

WASHAM II, BRIAN
612 W CANADIAN
VINITA, OK 74301

WASHAM, BRIAN K
612 W CANADIAN
VINITA, OK 74301

WAYLAND, HOLLY R
50471 E 150 ROAD
BLUEJACKET, OK 74333

WEATHERBY, KATHRYN E
1203 WOODLAWN DR
MIAMI, OK 74354

Weaver, Myra
P.O. Box 816
Ketchum, OK 74349

WEAVER, SENaida
PO BOX 212
LANGLEY, OK 74350

WELLS, ELISHA S
4684 S 4180 RD
CHELSEA, OK 74016

WELLS, KRYSTAL A
PO BOX 751
SALINA, OK 74365

WELSH, ROBERT C
110 PARK TERRACE
VINITA, OK 74301

WERFEN USA, LLC
PO BOX 347934
PITTSBURG, PA 15251-4934

White Oak School District
27355 South 4340 Road
Vinita, OK 74301

WHORTON, HANNAH L
24 PORT DUNCAN BLVD
AFTON, OK 74331

WIGELSWORTH, CHAD D
35650 CIRCLE DRIVE
VINITA, OK 74301

WILBURN, CHRISTOPHER
8640 SOUTH 4440 ROAD
WELCH, OK 74369

WILKES, CATHY J
2933 OLD DIKE RD
GROVE, OK 74344

WILLIAMS, CANDY S
806 W SOUTH
VINITA, OK 74301

WILLIAMS, KATHERINE
22705 S 4270 RD
VINITA, OK 74301

WILLIAMS, SHIELA D
PO BOX 20
VINITA, OK 74301

WILLIS, PATTI J
452 N GUNTER
VINITA, OK 74301

WILSON, RODNEY L
20701 N. 4040 RD
BARTLESVILLE, OK 74006

WINTON, BRENDA G
P.O. BOX 690
AFTON, OK 74331

WOLSEY, ALLISON E
3068 N 2ND ST
CHETOPA, OK 67336

WOLSEY, BRENT D
3068 N 2ND
CHETOPA, OK 67336

WOODARD, PATRICIA S
351 SOUTH ROSS
VINITA, OK 74301

WOODS, LANA L
12803 N 431
ADAIR, OK 74330

WorkNet of Oklahoma - Worker's Comp
Attn: Administrator
PO Box 3206
Tulsa, OK 74101

Worksite Benefit Plans, Inc.
P.O. Box 270658
Oklahoma City, OK 73137

WORLEY, JANA L
57450 E HWY 125 #591
MONKEY ISLAND, OK 74331

WRIGHT, REBECCA LYNN
63299 E 100 ROAD
MIAMI, OK 74354

WRS GROUP, LTD
DEPT. 2433
P.O. BOX 122433
DALLAS, TX 75267-8405

WURTH LOUIS AND COMP
PO BOX 2253
GRAND PRAIRIE, TX 75050

Wyandotte Tribal Health Services
The Wyandotte Tribe
One Turtle Drive
Wyandotte, OK 74370

YOUNG, GINGER
PO BOX 243
CANEY, OK 67333

Youngberg-Ballard, Linda
22401 S. 470 Road
Afton, OK 74331

YP
PO BOX 5010
CAROL STREAM, IL 60197